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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2010

<u>Α Ε</u>	r the	2010 ca	 llendar year, or tax year begir	nning 01-01-2010 and ending 12-31-201	n			
		applicable	C Name of organization	•	.0	D Emplo	yer i	dentification number
	dress ch		THE PERSONAL CARE PRODUCTS F/K/A THE COSMETICTOILETRY			13-13	3909	920
	me cha	_	Doing Business As			E Teleph		numbor
_	ıal retu	-	Nove have and about the D.O. have		I Da a control de la control d	4 ·		
	mınate		1101 17TH STREET NW NO 300	If mail is not delivered to street address)	Room/suite	(202)	331	L-1770
	ended		City or town, state or country, a	nd 7ID + 4		G Gross r	receıp	ts \$ 22,651,488
_		n pending	WASHINGTON, DC 200364702	NU ZIF T 4				
j Ap	plication	ii penanig	F Name and address of					
			F Name and address of p LEZLEE W ESTINE	orincipal officer	H(a) Is this	a group return fo	or affili	ates? Yes No
			1101 17TH STREET NW WASHINGTON, DC 200		H(b) Are all	affiliates inc	lud ed	?
			WASHINGTON, DC 200	304702				t (see instructions)
I Ta	x-exen	npt status	「 501(c)(3)	◀ (Insert no)	H(c) Grou	ıp exemptı	on n	umber 🟲
y W	ebsit	e: ► WW	/W PERSONALCARECOUNC	LORG	1			
K For	n of or	ganızatıon	Corporation Trust Associa	ation Other ►	L Year of fo	rmation 197	1 1	M State of legal domicile DC
	rt I		mary	·				<u> </u>
	1	Briefly de	escribe the organization's mis	sion or most significant activities				
				SS INTERESTS OF THE PERSONAL CA	RE PRODUCT	SINDUST	RY	
3								
€								
<u>.</u>								
Activities & Governanc <mark>e</mark>			,	discontinued its operations or disposed		5% of its i		I
×				erning body (Part VI, line 1a)		-	3	42
<u>⊕</u>				rs of the governing body (Part VI, line 1b		•	4	42
Ĭ				in calendar year 2010 (Part V, line 2a)		-	5 6	111
SA SA			mber of volunteers (estimate	-	- 6 7а	100.018		
	1			n Part VIII, column (C), line 12 e from Form 990-T, line 34		-	7a 7b	190,018
	-	Tree diffe	Tated Business taxable incom	e nom rom 330 1, me 34	Prio	r Year	/ 5	Current Year
	8	Contri	butions and grants (Part VIII	line 1h)		268,3	12	172,324
ē	9	8 Contributions and grants (Part VIII, line 1h)						14,289,745
Ravenue	10						00	1,028,607
æ	11							2,180,147
	12	Total r	revenue—add lines 8 through	11 (must equal Part VIII, column (A), lin	ie			
						17,533,0		17,670,823
	13		, ,	art IX, column (A), lines 1-3)			0	0
	14		•	rt IX, column (A), line 4)	_		0	0
83	15	Salarie 10)	es, other compensation, empl	oyee benefits (Part IX, column (A), lines	5-	9,496,1	07	10,027,382
ў Ж	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0
Expenses	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶ 0				
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,500,3	87	7,663,042
	18			nust equal Part IX, column (A), line 25)		16,996,4	94	17,690,424
	19	Reven	ue less expenses Subtract lu	ne 18 from line 12		536,6	05	-19,601
Not Assets or Fund Balances						g of Curren 'ear	it	End of Year
o de la companya de l	20	Totala	assets (Part X, line 16)		<u>'</u>	19,677,2	25	20,640,045
A AS	21					8,027,6		7,588,110
ž	22			ct line 21 from line 20		11,649,5	-+	13,051,935
Pa	t_II	Sign	ature Block					
Unde	r pena	ilties of po		nined this return, including accompanying s				
	ledge : ledge.		f, it is true, correct, and comple	te. Declaration of preparer (other than office	er) is based on	all informat	ion c	of which preparer has any
KIIOW	reage.							
		****	**		21	011-05-26		
Sigr	1		ature of officer		<u>`</u>	ate		
Her			EE WESTINE PRESIDENT					
			or print name and title					
		Print/Type	DTI I TI ID CO	Preparer's signature BILL TURCO	Date	Check if self- employed •		PTIN
Paid	ŀ		me RSM MCGLADREY INC	DILL TORGO		- Inployed F	1	Firm's EIN
Prep	- 1	Firm's add	dress • 8000 TOWERS CRESCENT D	R STE 500				
Use (Only	5 aac	VIENNA VA 221826205					Phone no (703) 336- 6400

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

4c 4d	(Code PUBLIC AFFAIRS/I VARIETY OF PROD) (Expenses \$ MEETINGS/PUBLICATIONS - THE COUN DUCTS AND SERVICES TO MEET THE CO Services (Describe in Schedul	including grants of \$ ICIL PROMOTES THE VALUE OF, NEED FOR, AI ONTINUING INFORMATIONAL NEEDS OF ITS M IE O) See also Additional Data for De) (Revenue \$ ND SAFETY OF THE INDUSTRY'S PR IEMBERS AND CONSUMERS) DDUCTS AND OFFERS A)
	(Code PUBLIC AFFAIRS/I VARIETY OF PROD Other program) (Expenses \$ MEETINGS/PUBLICATIONS - THE COUN DUCTS AND SERVICES TO MEET THE CO Services (Describe in Schedul	including grants of \$ ICIL PROMOTES THE VALUE OF, NEED FOR, AI ONTINUING INFORMATIONAL NEEDS OF ITS M IE O) See also Additional Data for De) (Revenue \$ ND SAFETY OF THE INDUSTRY'S PR IEMBERS AND CONSUMERS escription) DDUCTS AND OFFERS A
4 c	(Code PUBLIC AFFAIRS/I) (Expenses \$ <mark>MEETINGS/PUBLICATIONS</mark> - THE COUN	including grants of \$) (Revenue \$ ND SAFETY OF THE INDUSTRY'S PR) DDUCTS AND OFFERS A
 4с	(Code PUBLIC AFFAIRS/I) (Expenses \$ <mark>MEETINGS/PUBLICATIONS</mark> - THE COUN	including grants of \$) (Revenue \$ ND SAFETY OF THE INDUSTRY'S PR) DDUCTS AND OFFERS A
 4с)
	GLOBAL MARKETS	THROUGH INTERNATIONAL ABVOCAC	T, REGULATORT HARPIONIZATION, AND MEMI	SERVICES	
	REGULATION HAS		AL STRATEGIES - THE COUNCIL WORKS TO EN MER PROTECTION AND PRODUCT AVAILABLIITY Y DEGILATORY HARMONIZATION AND MEM	THE COUNCIL SUPPORTS MEMBE	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PROTECTION OF I COMMITMENT CO AVAILABLE INFORT	HUMAN HEALTH AND THE ENVIRONMEN DE FORMALIZES EXISTING PRODUCT S	NCIL PROMOTES THE INDUSTRY'S COMMITME NT THROUGH THE USE OF SAFE INGREDIENTS SAFETY PRACTICES AND DEMONSTRATES THE INE THE SAFETY OF THOSE INGREDIENTS AS	S IN PERSONAL CARE PRODUCTS T INDUSTRY'S COMMITMENT TO SAF	HE COUNCIL'S COMSUMER ETY THE CIR REVIEWS
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4	Describe the ex Section 501(c)((3) and 501(c)(4) organizations	O reach of the organization's three larg and section 4947(a)(1) trusts are re evenue, if any, for each program serv	equired to report the amount	
•	services? .				res ✓ No
3	•		rule O e significant changes in how it conduc	cts, any program	
-	the prior Form 9				'es No
2	Did the organiza		program services during the year whi	ch were not listed on	
<u>JEV</u>	ELOPMENT OF V	OLUNIARY SCIENTIFIC STA	NDARDS AND TEST METHODOLOG	3155	
	<u>'</u>	•	EE, AND ENVIRONMENTAL SAFET		ESEARCH AND
		, ,	ESENTING THE INDUSTRY IN OTH		
			NG TO THE WELFARE OF THE INDU L GOVERNMENTS IN ORDER TO MA	,	
			CIL THE COOPERATION AND UNIT		
- 0 -	Briefly describe	the organization's mission			
1		senedate o contains a respons	e to any question in this Part III .		ᅜ
1	Check if	Schedule O contains a resnons	Accomplishments		
Par 1	1 990 (2010) TIII Statem Check if	se 3:16-md-02738-MAS- ent of Program Service	Accomplishment 331-2 File	d 06/22/17 Page 2 of	42 PageID: 3839

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form	20Ь		

Check if Schedule O contains a response to any question in this Part V ${f .}$

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 57			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country - See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	-,		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
d	file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
U	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
U	year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	Enter the amount of reserves on hand			
14>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		14 0

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
Ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website 🔽 Upon request

(202) 331-1770

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization KRISTEN BOGENRIEF
 1101 17TH ST NW STE 300
 WASHINGTON, DC 200364702

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	che			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
(1) DANIEL J BRESTLE CHAIRMAN	20	х		х			0	0	0
(2) SCOTT BEATTIE TREASURER	20	х		х			0	0	0
(3) LINDA R MARSHALL SECRETARY	20	х		х			0	0	0
(4) GEORGE CALVERT MEMBER	20	х					0	0	0
(5) JAMES MARINO MEMBER	20	х					0	0	0
(6) GERALYN BREIG MEMBER	20	х					0	0	0
(7) CAMILLE MCDONALD MEMBER	20	х					0	0	0
(8) ROBERT TAYLOR HUGHES MEMBER	20	х					0	0	0
(9) JOHN GALANTIC MEMBER	20	х					0	0	0
(10) THOMAS MALAFRONTE MEMBER	20	х					0	0	0
(11) ROBERT M PHILLIPS MEMBER	20	х					0	0	0
(12) JONATHAN ZRIHEN MEMBER	20	х					0	0	0
(13) NOEL WALLACE MEMBER	20	х					0	0	0
(14) VANESSA C SOLOMON MEMBER	20	х					0	0	0
(15) CHRISTOPHER B COMBE MEMBER	20	х					0	0	0
(16) GEORGE CLEARY MEMBER	20	Х					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, Congensated E

								, · · · · · · · · · · · · · · · · · · ·		
(A) Name and Title	(B) Average hours per	Posi t						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(17) KEVIN F GALLAGHER	0)	х						0	0	(
MEMBER (18) SCOTT MOFFITT	20	X						0	0	
MEMBER (19) AL ROBERTSON	20	×						0	0	
MEMBER (20) JERRY VITTORIA	20							0	0	
MEMBER (21) COSIMO POLICASTRO									_	
MEMBER (22) COLIN MACKENZIE	20	X						0	0	
MEMBER (23) DOUGLAS TOUGH	20	X						0	0	
MEMBER (24) STEFANO CURTI	20	X	-		_		_	0	0	
MEMBER (25) WILLIAM J GENTNER	20	X	-				_	0	0	
MEMBER (26) JOSEPH HEALY	20	X						0	0	
MEMBER (27) FREDERIC ROZE	20	X						0	0	
MEMBER (28) PAMELA BAXTER	20	Х						0	0	
MEMBER (29) DAVID HOLL	20	Х						0	0	
MEMBER (30) JAMES J MACKEY	20	Х						0	0	
MEMBER (31) JACK NETHERCUTT	20	Х						0	0	(
MEMBER (32) GEORGE SCHAEFFER	20	Х						0	0	(
MEMBER (33) INGRID JACKEL	20	Х						0	0	
MEMBER (34) FRANCOIS SABATE	20	Х	_					0	0	(
MEMBER (35) ED SHIRLEY	20	Х						0	0	
MEMBER (36) CHRIS ELSHAW	20	Х						0	0	
MEMBER (37) STEPHEN I SADOVE	20	Х						0	0	(
MEMBER (38) ROGER BARNETT	20	Х	_					0	0	(
MEMBER (39) HEIDI MANHEIMER	20	Х						0	0	(
MEMBER	20	Х						0	0	(
(40) ERIC HOROWITZ MEMBER	20	Х						0	0	
(41) SEAN G TRAYNOR PHD MEMBER	20	Х						0	0	(
(42) TODD TILLEMANS MEMBER	20	Х						0	0	1
(43) LEZLEE WESTINE PRESIDENT	40 00			Х				687,208	0	37,173
(44) KRISTEN BOGENRIEF EVP-FINANCE & ADMINISTRATI	40 00			Х				338,762	0	28,836
(45) MARK POLLAK SR EVP STRATEGIC INITIATIVE	40 00			Х				251,705	0	40,14
(46) ALAN ANDERSEN DIRECTOR - SCIENTIFIC COOR	40 00				Х			292,571	0	27,484
(47) ELIZABETH ANDERSON EVP - LEGAL/GENERAL COUNCI	40 00				Х			280,808	0	40,14
(48) JOHN BAILEY EVP SCIENCE	40 00				Х			342,373	0	34,683
(49) JANA ADAMS EVP MARKETING/MEMBER SERVI	40 00				х			217,617	0	31,850
(50) KATHLEEN DEZIO EVP - PUBLIC RELATIONS	40 00				х			276,583	0	37,391
(51) JOHN HURSON EVP - GOVERNMENT AFFAIRS	40 00				х			336,711	0	40,141
(52) FRANCINE LAMORIELLO EVP - GLOBAL STATEGIES	40 00				х			357,520	0	34,462
(53) JAY ANSELL VP OF COSMETIC PROGRAMS	40 00					х		165,761	0	30,46
(54) MORRIS SCHMIER VP OF FINANCE	40 00					х		161,561	0	25,720
(55) MICHAEL THOMPSON SR VP - GOVERNMENT AFFAIR	40 00					х		205,117	0	30,586
(56) FARAH AHMED ASSOCIATE GENERAL COUNCIL	40 00					х		143,620	0	22,049
(57) HALYNA BRESLAWEC DEPUTY DIRECTOR	40 00					х		225,531	0	31,779
1b Sub-Total							•			

1b Total from continuation sheets to Part VII, Section A . C 492,901 Total (add lines 1b and 1c) 4,283,448 d

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►23

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo		
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	_		 		

Section B. Independent Contractors

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than$ 1

\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DUBERSTEIN INC 2100 PENNSYLVANIA AVE NW STE 500 WASHINGTON, DC 20037	GOVT AFFAIRS, CONSULTING & LOBBYING	399,996
MIDDLE KINGDOM BUSINESS CONSULTANTS 925 15TH ST NW SUITE 500 WASH, DC 20005	BUSINESS CONSULTING	308,754
AVECTRA INC 7901 JONES BRANCH DRIVE SUITE 500 MCLEAN, VA 22102	SOFTWARE SYSTEMS	252,256
COVINGTON & BURLING 1201 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	LEGAL	239,509
RATIONAL PR 1155 15TH STREET NW SUITE 614 WASHINGTON, DC 20005	PUBLIC RELATIONS CONSULTING	225,885
2 Total number of independent contractors (including but not limited to those listed above	e) who received more than	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) (D) Do not include amounts reported on lines 6b, Program service Management and **Fundraising** Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the US See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 4,122,744 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 4,398,402 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 662,557 9 Other employee benefits 426,436 417,243 10 Fees for services (non-employees) Management Legal 273,571 71,200 Accounting 1,216,836 Professional fundraising services See Part IV, line 17 . . Investment management fees 48,474 1,656,246 12 Advertising and promotion . . 22,408 280,139 13 Office expenses 393,430 14 Information technology 15 Royalties . . 16 689,580 515,388 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 635,165 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 224,422 22 108,030 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **PUBLICATION** 606,560 RESEARCH/REGULATORY/OTH 519,375 OTHER EXPENSES 271,660 DUES & SUBSCRIPTIONS 125,866 e UBIT TAX 4,692 f All other expenses 25 Total functional expenses. Add lines 1 through 24f 17,690,424 **Joint costs.** Check here ▶ ┌ If following 26 SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form	n 990 (2010)	o ~t /	10 D	المال	age 12
Pa	rt XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	2 01 4	+ 2 P 6		3849
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,6	570,823
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,6	590,424
3	Revenue less expenses Subtract line 2 from line 1	3			-19,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			121,947
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6			51,935
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	e			
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss on a separate basis, consolidated basis, or both	ued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Par	t V, line 35	a (Pro	oxy Tax), then
N a THE	PERSONAL CARE PRODUCTS COUNCIL INC	. ,		ation number
	t I-A Complete if the organization is exempt under section 501(c) or is a se	3-139092	_	
Pali	Complete if the organization is exempt under section 501(c) of is a se	ction 52	/ OF	janization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part I	V		
2	Political expenditures	>	\$	
3	Volunteer hours			
Par	t I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$ <u>_</u>	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes
4a	Was a correction made?			┌ Yes
b	If "Yes," describe in Part IV			
Par	t I-C Complete if the organization is exempt under section 501(c) except so	ection 50)1(c)	(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities	27 ▶	\$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	'b ►	\$	
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes ┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing organization for political contributions received that were promptly and directly delivered to a separate separate segregated fund or a political action committee (PAC). If additional space is needed, pro	ganızatıon's political org	funds Janizat	Also enter the tion, such as a
	(2.5)		10	A mount of political

	1	1	T	T
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Scl	nedule C (Form <mark>G@6&r316-#211/1202738-MAS-I</mark>	RLS Document 3	31-2 Filed 0	6/22/17 Pa	age 14 of 42 Pa	ageID: 38512
P	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		l" provisions ann	lv		
<u> </u>	Limits on Lobbying E (The term "expenditures" means an	expenditures		y	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisla	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌─ Yes
	(Some organizations that made a columns below. See th	he instructions fo	ection do not r lines 2a thro	have to co ough 2f on	page 4.)	he five
_	Lobbying Expe	enditures During	4-Year Avera	ging Perioc	<u> </u>	T
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
_2a	Lobbying non-taxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))					
_	: Total lobbying expenditures					
d	Grassroots non-taxable amount					
_e	Grassroots ceiling amount (150% of line 2d, column (e))					
					1	

f Grassroots lobbying expenditures

10,892,165

	······································		, aga
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
		(-)	(1.)

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i		•	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νο
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νο

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

_	and and and an an annual and an annual and an	_	1	//
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	2a		1,629,333
ь	Carryover from last year	2b		
С	Total	2c		1,629,333
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		2,178,433
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		-549,100

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

1

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** THE PERSONAL CARE PRODUCTS COUNCIL INC F/K/A THE COSMETICTOILETRY & FRAGRANC 13-1390920 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

•	Number of conservation easements mounted, transferred, released, extinguished, of terminated by the organization during
	the taxable year 🛌
4	Number of states where property subject to conservation easement is located 🛌
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

(B) 20750 SHARES ISHARES RUSSELL 1000 GROWTH	1,232,530	Cost or end-of-year market value
(2)Closely-held equity interests (3)Other (A) 19000 SHARES OF ISHARES RUSSELL 1000 VALUE IND FUND (B) 20750 SHARES ISHARES RUSSELL 1000 GROWTH		
(3)Other (A) 19000 SHARES OF ISHARES RUSSELL 1000 VALUE IND FUND (B) 20750 SHARES ISHARES RUSSELL 1000 GROWTH		_
(A) 19000 SHARES OF ISHARES RUSSELL 1000 VALUE IND FUND (B) 20750 SHARES ISHARES RUSSELL 1000 GROWTH INDEX FUND		-
	1,188,145	F
INDEX FUND	1,188,145	_
		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related. See	2,420,675	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line		(IA) Paralismania
(a) Descript	1011	(b) Book value
Table (Column (I))	• 1	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X,		P
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED PENSION LIABILITY	2,752,160	
DUE TO AFFILIATE	1,002	
+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	2,753,162	

PART XI, LINE 8 - OTHER

ADJUSTMENTS

CHANGES IN MINIMUM PENSION LIABILITY 890,377

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Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

THE PERSONAL CARE PRODUCTS COUNCIL INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

F/K/A THE COSMETICTOILETRY & FRAGRANC 13-1390920 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4Ь Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? 6Ь If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	!	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LEZLEE WESTINE	(ı) (ıı)	497,289 0	166,700 0	23,219 0	1	9,023 0	724,381	0
(2) KRISTEN BOGENRIEF	(ı) (ıı)	310,019 0	15,100 0	13,643	28,150	686 0	367,598	C
(3) MARK POLLAK	(ı) (ıı)	235,772 0	10,725 0	5,208 0	28,150 0	11,991 0	291,846	C
(4) ALAN ANDERSEN	(ı) (ıı)	269,295 0	13,400 0	9,876 0	17,150 0	10,334 0	320,055	C
(5) ELIZABETH ANDERSON	(ı) (ıı)	258,414 0	13,275 0	9,119	28,150 0	11,991 0	320,949	C
(6) JOHN BAILEY	(ı) (ıı)	306,151 0	15,025 0	21,197 0	28,150 0	6,533 0	377,056 0	C
(7) JANA ADAMS	(ı) (ıı)	205,620	10,000	1,997 0	22,698 0	9,152 0	249,467	(
(8) KATHLEEN DEZIO	(ı) (ıı)	256,310 0	12,975 0	7,298 0	25,400 0	11,991 0	313,974	C
(9) JOHN HURSON	(ı) (ıı)	303,283 0	15,025 0	18,403 0	28,150 0	11,991 0	376,852	(
(10) FRANCINE LAMORIELLO	(ı) (ıı)	321,814 0	15,850 0	19,856 0	28,150 0	6,312 0	391,982	(
(11) JAY ANSELL	(ı) (ıı)	163,708 0	0	2,053	20,131	10,334 0	196,226	(
(12) MORRIS SCHMIER	(ı) (ıı)	158,725 0	0	2,836 0	19,182	6,538 0	187,281	(
(13) MICHAEL THOMPSON	(ı) (ıı)	201,291	0	3,826 0	24,274 0	6,312 0	235,703	(
(14) FARAH AHMED	(ı) (ıı)	143,062	0	558 0	15,737 0	6,312 0	165,669	
(15) HALYNA BRESLAWEC	(ı) (ıı)	223,456 0	0	2,075 0	1	6,312 0	257,310	
(16)						·	1	1

Part III Supplemental Information

Schedule J (Form 990) 2010

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	PART I, LINE	FIRST CLASS TRAVEL IS PERMITTED ON AMTRAK ACELA EXPRESS WHERE THERE IS NO COACH CLASS THE LOWEST CLASS ON THAT TRAIN
	1 A	SERVICE IS BUSINESS FIRST CLASS INCLUDES A MEAL AND CONDITIONS THAT ARE MORE FAVORABLE TO WORKING WHILE ENROUTE TRAVELERS
		ARE PERMITTED TO SELECT THIS CLASS DEPENDING ON SUCH FACTORS AS THE TIME OF TRAVEL AND WORK NEEDING TO BE COMPLETED

Schedule J (Form 990) 2010

Page **3**

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Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization	Employer identification number
THE PERSONAL CARE PRODUCTS COUNCIL INC	
F/K/A THE COSMETICTOILETRY & FRAGRANC	13-1390920
Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) orga	nızatıons only).

1 (a) Name of disq	ualıfıed	person		(b) Desc	rintion	oftrans	action		(c) C	orrect
		•		(5) 5 63 6					Yes	: N
										+
2 Enter the amount of tax impos	ed on t	he orgar	nization managers o	or disqualified pers	ons dur	ing the	year unde	r		
section 4958							🕨	* \$		
B Enter the amount of tax, If any	, on lin	e 2, abo	ve, reimbursed by t	he organization .			🕨	- \$		
	_	_								
Loans to and/or Complete if the organi				0 Dawt IV lune 36		000	F.Z. D	. l	_	
Complete if the organi	zation a	ans were	a res on Form 99	U, Part IV, line 26	<u>, or For</u>	m 990-	EZ, Part V	, line 38	a	
					l		/f)			
	1 ' '	oan to			(e)	In	(f) Approv	/ed	(g) Writ	tten
Name of interested person and purpose	or fro	om the	(c)O riginal	(d)Balance due	(e) defau		A pprov	d or	(g) Writ	
) Name of interested person and purpose	or fro	om the zation?	(c)O riginal principal amount	(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
	or fro	om the		(d)Balance due			A pprov	d or		
	or fro	om the zation?		(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
	or fro	om the zation?		(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
	or fro	om the zation?		(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
	or fro	om the zation?		(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
	or fro	om the zation?		(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
purpose	or fro	om the zation?	principal amount	(d)Balance due	defau	ılt?	A pprov	d or tee?	agreem	ent?
purpose tal	or fro	From From From	principal amount	Persons.	Yes	No	A pprov	d or tee?	agreem	ent?
purpose	or fro	From From	principal amount * sing Interested wered "Yes" on Fo	Persons. orm 990, Part IV	Yes /, line	No	A pprov	d or tee?	agreem	ent?
purpose tal	or fro	From From	principal amount * sing Interested wered "Yes" on Form b)Relationship bety	Persons. orm 990, Part IV	Yes /, line	No No 27.	A pproby by boar commit: Yes	d or tee? No	Yes	No
purpose al	or fro	From From	principal amount * sing Interested wered "Yes" on Form b)Relationship bety	Persons. orm 990, Part IV	Yes /, line	No No 27.	A pproby by boar commit: Yes	d or tee? No	agreem	No
purpose tal	or fro	From From	principal amount * sing Interested wered "Yes" on Form b)Relationship bety	Persons. orm 990, Part IV	Yes /, line	No No 27.	A pproby by boar commit: Yes	d or tee? No	Yes	No
tal	or fro	From From	principal amount * sing Interested wered "Yes" on Form b)Relationship bety	Persons. orm 990, Part IV	Yes /, line	No No 27.	A pproby by boar commit: Yes	d or tee? No	Yes	No
purpose tal	or fro	From From	principal amount * sing Interested wered "Yes" on Form b)Relationship bety	Persons. orm 990, Part IV	Yes /, line	No No 27.	A pproby by boar commit: Yes	d or tee? No	Yes	No

Page 2
Part IV Business Transactions Involving Interested Persons.

Page 2
Page 24 of 42 PageID: 3861

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	organı	aring of zation's nues?	
	organization			Yes	No	
(1) CATHERINE BAILEY	SPOUSE OF JOHN	41,347	KEY EMPLOYEE'S SPOUSE		N o	
	BAILEY		WORKS PT FOR COUNCIL			
(2) ANDERSON COURT REPORTING	SPOUSE OF	21,201	CONSULTANT OF THE		Νο	
	ELIZABETH		ORGANIZATION IS THE			
	ANDERSON		SPOUSE OF A KEY EMPOYEE			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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SCHEDULE M (Form 990)

Department of the Treasury

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Internal Revenue Service

Name of the organization
THE PERSONAL CARE PRODUCTS COUNCIL IN

Employer identification number

	THE COSMETICTOILETRY & FRAGRANC				13-1390920			
Pa	rt I Types of Property			<u>'</u>				
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	tion
1	Art—Works of art			,				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
000								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
LO	Securities—Closely held stock							
1	Securities—Partnership, LLC, or trust interests .							
L 2	Securities—Miscellaneous							
L3	Q ualified conservation contribution—Historic structures							
L 4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
L 6	Real estate—Commercial							
L 7	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ► (COSMETICS)	Х	34	172,324	FMV			
	Other ▶()			·				
	Other ►()					,		
	Other►()							
29	Number of Forms 8283 received b							
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackn	owledgement	29			
							Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangement	t in Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use t				non-cash	32a		Νo
ь	If "Yes," describe in Part II							

describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2010
Part III Case 3:16-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Page 26 of 42 PageID: 3863

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
THE PERSONAL CARE PRODUCTS COUNCIL INC	
F/K/A THE COSMETICTOILETRY & FRAGRANC	13-1390920

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE COUNCIL IS ORGANIZED AS A NOT-FOR-PROFIT ASSOCIATION IT'S MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE

Case 3:16-md-0273 Identifier	8-MAS-RLS DO Return Reference	cument 331-2	Filed 06/22/17 Explan	Page 28 of ation	42 PageID: 3865
FORM 990, PART VI, SECTION A, LINE 7A		THE ASSOCIATION	I'S MEMBERS ELECT	THE OFFICERS C	OF THE ASSOCIATION

ldentifier	Reference	o-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Page 29 of 42 PageID: 3866 Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINANCE AND AUDIT COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COUNCIL'S FINANCIAL AND OTHER GOVERNING AND OPERATING POLICIES THE FINANCE AND AUDIT COMMITTEE IS COMPRISED OF THE CHAIRMAN OF THE BOARD, THE TREASURER, AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE APPOINTED BY THE BOARD TO ADDRESS THE ISSUE OF THE PRACTICALITY OF A FULL BOARD REVIEW OF THE 990, THIS COMMITTEE WILL RECEIVE DRAFT COPY OF THE 990, REVIEW IT, AND APPROVE IT FOR ISSUANCE THIS REVIEW WILL TAKE PLACE IN A TIME FRAME THAT WILL ALLOW THE 990 TO BE FILED BY THE APPLICABLE FILING DATE THE COMMITTEE'S REVIEW WILL BE CONDUCTED WITH THE THIRD PARTY TAX PREPARERS AND MANAGEMENT OF THE COUNCIL A REPORT WILL BE MADE TO THE BOARD AT ITS NEXT MEETING THAT THE REVIEW AND APPROVAL OF THE 990S TOOK PLACE, AND THAT THEY HAVE BEEN FILED

Identifier	Case 3	116-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Page 30 of 42 PageID: 3867
laentiner	Reference	схріанацон — — — — — — — — — — — — — — — — — — —
	- Twierence	
	FORM 990,	ANNUALLY ALL DIRECTORS, OFFICERS, AND SENIOR STAFF EMPLOYEES WILL RECEIVE A COPY OF THE
	PART VI,	CONFLICT OF INTEREST POLICY TOGETHER WITH A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE, WHICH
	SECTION B,	SHALL BE COMPLETED AT LEAST ANNUALLY EACH NEW DIRECTOR, OFFICER, AND SENIOR STAFF EMPLOYEE
	LINE 12C	SHALL PARTICIPATE IN A SIMILAR PROCEDURE IMMEDIATELY UPON ASSUMPTION OF HIS OR HER
		RESPONSIBILITIES DIRECTORS ANY MEMBER OF THE BOARD OF DIRECTORS WHO MAY BE INVOLVED IN A
		COUNCIL BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL PROMPTLY
		NOTIFY THE PRESIDENT OR THE GENERAL COUNSEL THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON
		ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE
		IN ANY WAY IN THE MATTER THE BOARD MEMBER'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE
		QUORUM FOR ANY VOTE WITH RESPECT TO A COUNCIL BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A
		POSSIBLE CONFLICT OF INTEREST THE BOARD MEMBER, OR THE CHAIRMAN IN THE DIRECTOR'S ABSENCE,
		SHALL DISCLOSE A POSSIBLE CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD BEFORE ANY
		VOTE ON A COUNCIL BUSINESS TRANSACTION AND SUCH DISCLOSURE SHALL BE RECORDED IN THE BOARD
		MINUTES OF THE MEETING AT WHICH IT IS MADE ANY COUNCIL BUSINESS TRANSACTION WHICH INVOLVES A
		POSSIBLE CONFLICT OF INTEREST WITH A MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE TERMS THAT
		ARE AT LEAST AS FAIR AND REASONABLE TO THE COUNCIL AS THOSE THAT WOULD OTHERWISE BE
		AVAILABLE TO THE COUNCIL IF IT WERE DEALING WITH AN UNRELATED PARTY STAFF ANY SENIOR STAFF
		MEMBER WHO MAY BE INVOLVED IN A COUNCIL BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE
		CONFLICT OF INTEREST SHALL PROMPTLY REPORT THE POSSIBLE CONFLICT TO THE PRESIDENT OR GENERAL
		COUNSEL IF THE POSSIBLE CONFLICT INVOLVES THE PRESIDENT, THE POSSIBLE CONFLICT SHALL BE REPORTED
		TO THE CHAIRMAN OF THE BOARD BY THE PRESIDENT THE PRESIDENT, OR WHERE APPLICABLE THE CHAIRMAN,
		AFTER RECEIVING INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, SHALL TAKE SUCH ACTION AS IS
		NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST INTEREST OF THE ASSOCIATION
		WITHOUT THE SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST
		THIS DOES NOT MEAN THAT THE PURCHASE OR OTHER TRANSACTION MUST NECESSARILY BE DIVERTED, BUT
		SIMPLY THAT PERSONS OTHER THAN THE ONE WITH THE POSSIBLE CONFLICT SHALL MAKE THE JUDGMENTS
		INVOLVED AND SHALL CONTROL THE TRANSACTION A WRITTEN RECORD OF ANY REPORT OF POSSIBLE
		CONFLICT AND OF ANY ADJUSTMENTS MADE TO AVOID POSSIBLE CONFLICTS OF INTEREST SHALL BE KEPT BY
		THE PRESIDENT OR THE GENERAL COUNSEL ANY DISPUTED ACTION WITH RESPECT TO THIS POLICY SHALL BE
		RESOLVED BY THE BOARD
		•

ldontific -	Case 3	:16-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Page 31 of 42 PageID: 3868
Identifier	Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPRISATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN FULLILIANG ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COUNCIL'S COMPENSATION OF STAFF SPECIFICALLY. THE RICLUSES DETERMINATION THE COLONGL'S COMPENSATION PHILOSOPHY AND DETERMINATION AND APPROVAL OF THE COSE DETERMINATION THE COLONGL'S COMPENSATION PHILOSOPHY AND SYSTEM APPROVED BY THE COMMITTEE. THE CEOIS SO SOLELY RESPONSIBLE FOR A ADMINISTERINS THE COMPENSATION AND APPROVED THE COMPENSATION OF OTHER EXCENTIVE INTO THE COMPENSATION PHILOSOPHY AND SYSTEM APPROVED BY THE COMMITTEE. THE CEOIS SOLELY RESPONSIBLE FOR ADMINISTERINS THE COMPENSATION OF SYSTEM FOR ALL COUNCIL ENTLOYER AND APPROVED THE COMPINSATION OF THE RECEIPTIVE INTO THE COMMITTEE. HOWEVER, WILL REVIEW AND APPROVE THE COMMITTEE SHALL LOCKIST OF AT LEAST THREE DIRECTORS. THE CHARMAN OF THE BOARD OF DIRECTORS, THE MINEDATE PAST CHARMAN OF THE BOARD OF DIRECTORS. THE MINEDATE PAST CHARMAN OF THE BOARD OF DIRECTORS THE MINEDATE PAST OF A REMAIN AND THE TERS SHERE, WHICH AND THE COUNCIL THAT MAY INTERFERE WITH THE EXERCISE OF THEIR NODER-DIRECTORS. THE MINEDATE PAST OF THE COMMITTEE SHALL LAVE A WORKING FAMILIARITY WITH FUNDAMENTAL COMPENSATION PRACTICES DUTIES AND RESPONSIBILITIES THE PRINCIPAL UTTES AND RESPONSIBILITIES OF THE COMMITTEE ARE (1) TO APPROVE THE COUNCIL SOMERNATION LEVELS RELATIVE TO THE MARKETHACE (2) TO EVALUATE THE CEOS RECOMMENDATION AND THE COUNCIL SAND DEBETORY AND ADMINISTRY WIDE COMPENSATION FOR THE CEOS (3) TO REVIEW AND APPROVED THE COUNCIL SOMERNATION REGARDING COMPENSATION FOR OTHER EXCEUTIVE STAFF (4) TO APPROVED THE COUNCIL SOMERNATION REGARDING COMPENSATION FOR OTHER EXCEUTIVE STAFF (4) TO APPROVED THE CEOS RECOMMENDATIONS REGARDING COMPENSATION FOR THE CEOS (3) TO REVIEW AND ADMINISTRY WIDE COMPENSATION FOR THE COUNCIL'S SOME THE COUNCIL'S SOMERNAMENT OF THE COUNCIL'S AND ADMINISTRY WIDE COMPENSATION PROPO

	ldentifier Case	3:16-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Return Reference	Page 32 of 42 PageID: 3869 Explanation
Į		FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

Case 3:16-n	10-02/38-MAS-R Return Reference	LS Document 331-2 Flied 06/22/17 Page 33 of 42 PageID: 3870 Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 531,570 CHANGES IN MINIMUM PENSION LIABILITY 890,377 TOTAL TO FORM 990, PART XI, LINE 5 1,421,947

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OMB No 1545-0047

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DLN: 93493151000041

SCHEDULE R (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization THE PERSONAL CARE PRODUCTS COUNCIL INC F/K/A THE COSMETICTOILETRY & FRAGRANC				13-1390920	tification number		
Part I Identification of Disregarded Entities (Co	mplete if the organization	on answered "Yes'	on Form 990, Par	•			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during	anizations (Complete ng the tax year.)	ıf the organızatıor	n answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (state Exempt Code section		(f) Direct controlling entity	(g) Section 512(b controller organization	
(1) COUNCIL'S FEDERAL PAC						Yes	No
1101 17TH STREET NW STE 300	POLITICAL ACTION COMMITTEE - FEDERAL	DC	<mark>527</mark>	N/A	THE PERSONAL CARE PRODUCTS COUNCIL INC)	(<mark>No</mark>)
WASHINGTON, DC 20036 57-1193100							<u> </u>
(2) COUNCIL'S STATE PAC 1101 17TH STREET NW STE 300	POLITICAL ACTION COMMITTEE - STATE	CA	(527)	N/A	THE PERSONAL CARE PRODUCTS COUNCIL INC)	No)
WASHINGTON, DC 20036 54-0836354	COMMITTEE - STATE						
(3) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION 1101 17TH STREET NW STE 300	WORKSHOPS AND OTHER EDUCATIONAL	DC	501(C)(3)	LIME 7	THE PERSONAL CARE PRODUCTS COUNCIL INC		No
WASHINGTON, DC 20036 52-1523017	INFORMATION FOR CANCER PATIENTS		301(C)(3)	LINE /	PRODUCTS COONCIL INC		
(4) COUNCIL'S STATE PAC							
1101 17TH STREET NW STE 300	POLITICAL ACTION COMMITTEE - STATE	NY	527	N/A	THE PERSONAL CARE PRODUCTS COUNCIL INC		No
WASHINGTON, DC 20036 14-1747878	COMMITTEE - STATE						

Case 3:16-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Page 35 of 42 PageID: 3872

Part III Identif because	ication of Related it had one or mo	ed Orga ore relat	anizations Taxal ed organizations t	ole as a Partners reated as a partne	ship (Con ership duri	nplete if ng the ta	the org ax year	janization .)	answe	ered "Y	es" on Fo	rm 990,	Part	IV, lır	e 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Direct controlling entity (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) (g) Share of total income assets		Share of total income Share of end-of-year allocations? amount in box 20 of		(g) e of end-of-year Disproprtion allocations		Disproprtionate allocations? Code V—U amount in box Schedule R		e V—UBI Gene on box 20 of mana dule K-1 part		al or ging	(k) Percentage ownership		
									Yes	No			Yes	No	
				ole as a Corpora ations treated as a							nswered "Y	'es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiza	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) (e) Direct controlling Type of en entity (C corp, 5 or trust)		corp,			(g) Share of end-of-year assets			(h) Percentage ownership	

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

1 611 6 9	Transactions With Related Organizations (Complete in the organization answered	res on form 550, furcity, line 51, 55, 557, or 50.)
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1 f		No
1g		No
1h		No
1i		No
1j		No
1k		No
11		No
1m	Yes	
1n	Yes	
10		No
1р	Yes	
1q		No
1r		No

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relat	tionships and transact	ıon thresholds
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount

(1) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	М	82,610	ACTUAL COSTS
(2) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	N	53,682	ACTUAL COST PLUS BENEFIT PRCTG
(3) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	Р	993,930	ACTUAL REIMBURSEMENT RECEIVED
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ntionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agıng tner?
			Yes	No		Yes	No		Yes	N
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Schedule R (Form 990) 2010 Page **5** Part VII Supplemental Information Case 3:16-md-02738-MAS-RLS Document 331-2 Filed 06/22/17 Page 38 of 42 PageID: 3875

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier Return Reference **Explanation**

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 13-1390920

Name: THE PERSONAL CARE PRODUCTS COUNCIL INC

F/K/A THE COSMETICTOILETRY & FRAGRANC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Posi	((;) che	ckal			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DANIEL J BRESTLE CHAIRMAN	20	Х		х				0	0	0
SCOTT BEATTIE TREASURER	20	Х		х				0	0	0
LINDA R MARSHALL SECRETARY	20	Х		х				0	0	0
GEORGE CALVERT MEMBER	20	Х						0	0	0
JAMES MARINO MEMBER	20	Х						0	0	0
GERALYN BREIG MEMBER	20	Х						0	0	0
CAMILLE MCDONALD MEMBER	20	Х						0	0	0
ROBERT TAYLOR HUGHES MEMBER	20	Х						0	0	0
JOHN GALANTIC MEMBER	20	Х						0	0	0
THO MAS MALAFRO NTE MEMBER	20	Х						0	0	0
ROBERT M PHILLIPS MEMBER	20	Х						0	0	0
JONATHAN ZRIHEN MEMBER	20	Х						0	0	0
NOEL WALLACE MEMBER	20	Х						0	0	0
VANESSA C SOLOMON MEMBER	20	Х						0	0	0
CHRISTOPHER B COMBE MEMBER	20	Х						0	0	0
GEORGE CLEARY MEMBER	20	Х						0	0	0
KEVIN F GALLAGHER MEMBER	20	Х						0	0	0
SCOTT MOFFITT MEMBER	20	Х						0	0	0
AL ROBERTSON MEMBER	20	Х						0	0	0
JERRY VITTORIA MEMBER	20	Х						0	0	0
COSIMO POLICASTRO MEMBER	20	Х						0	0	0
COLIN MACKENZIE MEMBER	20	Х						0	0	0
DOUGLAS TOUGH MEMBER	20	Х						0	0	0
STEFANO CURTI MEMBER	20	Х						0	0	0
WILLIAM J GENTNER MEMBER	20	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors Trustees, Key Employees, Highest Compensated Employees, Highest Com

Compensated Employees, and I	ndepend	ent de	96H	₩	H _S 3	31-2	<u> </u>	-iled 06/22/17	Page 40 of 42	PageID: 3877
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	ched)		Reportable Reporta		(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
		ñ	6			±ed				
JO SEPH HEALY MEMBER	20	Х						0	0	0
FREDERIC ROZE MEMBER	20	Х						0	0	0
PAMELA BAXTER MEMBER	20	Х						0	0	0
DAVID HOLL MEMBER	20	Х						0	0	0
JAMES J MACKEY MEMBER	20	Х						0	0	0
JACK NETHERCUTT MEMBER	20	Х						0	0	0
GEORGE SCHAEFFER MEMBER	20	Х						0	0	0
INGRID JACKEL MEMBER	20	Х						0	0	0
FRANCOIS SABATE MEMBER	20	Х						0	0	0
ED SHIRLEY MEMBER	20	Х						0	0	0
CHRIS ELSHAW MEMBER	20	Х						0	0	0
STEPHEN I SADOVE MEMBER	20	Х						0	0	0
RO GER BARNETT MEMBER	20	Х						0	0	0
HEIDI MANHEIMER MEMBER	20	Х						0	0	0
ERIC HOROWITZ MEMBER	20	Х						0	0	0
SEAN G TRAYNOR PHD MEMBER	20	Х						0	0	0
TODD TILLEMANS MEMBER	20	Х						0	0	0
LEZLEE WESTINE PRESIDENT	40 00			х				687,208	0	37,173
KRISTEN BOGENRIEF EVP-FINANCE & ADMINISTRATI	40 00			х				338,762	0	28,836
MARK POLLAK SR EVP STRATEGIC INITIATIVE	40 00			х				251,705	0	40,141
ALAN ANDERSEN DIRECTOR - SCIENTIFIC COOR	40 00				Х			292,571	0	27,484
ELIZABETH ANDERSON EVP - LEGAL/GENERAL COUNCI	40 00				Х			280,808	0	40,141
JOHN BAILEY EVP SCIENCE	40 00				Х			342,373	0	34,683
JANA ADAMS EVP MARKETING/MEMBER SERVI	40 00				Х			217,617	0	31,850
KATHLEEN DEZIO EVP - PUBLIC RELATIONS	40 00				х			276,583	0	37,391

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors 31-2 Filed 06/22/17 Page 41 of 42 PageID: 3878

(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JOHN HURSON EVP - GOVERNMENT AFFAIRS	40 00				х			336,711	0	40,141
FRANCINE LAMORIELLO EVP - GLOBAL STATEGIES	40 00				x			357,520	0	34,462
JAY ANSELL VP OF COSMETIC PROGRAMS	40 00					х		165,761	0	30,465
MORRIS SCHMIER VP OF FINANCE	40 00					х		161,561	0	25,720
MICHAEL THOMPSON SR VP - GOVERNMENT AFFAIR	40 00					Х		205,117	0	30,586
FARAH AHMED ASSOCIATE GENERAL COUNCIL	40 00					х		143,620	0	22,049
HALYNA BRESLAWEC DEPUTY DIRECTOR	40 00					х		225,531	0	31,779

enses \$	including grants of \$) (Revenue \$)
p	penses \$	penses \$ including grants of \$	penses \$ including grants of \$) (Revenue \$

EXHIBITA